

CITY WASTE, INC.
APPLICATION FOR EMPLOYMENT

TO THE APPLICANT: City Waste, Inc., is an equal opportunity employer and does not discriminate on the basis of age, race, creed, color, handicap, marital status, sex, national origin, ancestry, sexual orientation, arrest or conviction record, or veteran status.

Date: _____

PERSONAL INFORMATION (Please Print)

Name _____ Social Security No. _____
Last First M.I.

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Telephone Number _____ Are you 18 years of age or older? ☐ Yes ☐ No

Commercial Drivers License No. and Classification _____ A B C D

Are you licensed to drive Interstate? ☐ Yes ☐ No

EMPLOYMENT DESIRED

Position(s) Applied For _____ ☐ Full Time ☐ Part Time

Date you can start _____ Rate of pay expected: \$ _____ per hour

Have you worked for us before? ☐ Yes ☐ No

Have you filed an Application of Employment with us before? ☐ Yes ☐ No

Indicate special qualifications or skills: _____

EDUCATION

List your educational experience which you believe is relevant to the position for which you are applying.

	Name and Location of School	No of Years Completed	Did You Graduate	Course of Study
High School				
College				
Other (Specify)				

PERSONAL REFERENCES

Name & Address (not former employers or relatives)

Name	Address	Telephone Number	Years Acquainted
1)			
2)			
3)			

Relatives and/or friends employed by City Waste, Inc.

Name	Relationship
1)	
2)	

EMPLOYMENT HISTORY

List below your last four employers. Start by listing your most recent employer first.

1	Date: Month/Year		Employer Name & Address		Position/Work Performed	
	FROM:				Reason for Leaving	
	TO:					
	Wage/Salary		Telephone Number		Supervisor	
	\$	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month				
2	Date: Month/Year		Employer Name & Address		Position/Work Performed	
	FROM:				Reason for Leaving	
	TO:					
	Wage/Salary		Telephone Number		Supervisor	
	\$	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month				
3	Date: Month/Year		Employer Name & Address		Position/Work Performed	
	FROM:				Reason for Leaving	
	TO:					
	Wage/Salary		Telephone Number		Supervisor	
	\$	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month				
4	Date: Month/Year		Employer Name & Address		Position/Work Performed	
	FROM:				Reason for Leaving	
	TO:					
	Wage/Salary		Telephone Number		Supervisor	
	\$	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month				

Are you currently working?

☐ Yes ☐ No

Are you able to perform, with or without reasonable accomodation, the job functions of the positions for which you are applying?

☐ Yes ☐ No

READ BEFORE SIGNING

I certify that the information contained in this application is true and complete to the best of my knowledge, and I authorize City Waste, Inc., to investigate all statements made, and understand that the falsification of this application in any detail may result in disqualification from further consideration or dismissal from employment. I release every person seeking or providing information from all liability or legal claims. I understand that employment with City Waste, Inc., is at will, terminable at any time by City Waste, Inc., at its sole discretion with or without cause and with or without notice. I further understand that such employment is not contractual, and remains as such unless and until an express written contract is entered into and executed in writing by me and City Waste, Inc. and that no contract is formed or offered by this application or any employment handbook. I understand the employment with City Waste, Inc., is pursuant to terms and conditions established by City Waste, Inc., and are subject to change without notice.

I certify that I have read and understand the above verification.

Applicant Signature

Date



DRIVER BACKGROUND CHECK
REQUEST / CONSENT FOR INFORMATION

SECTION I: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I _____ hereby authorize any previous employer(s) (within two years
(DRIVERS NAME)
of date listed) to release any and all drug and alcohol test information to *City Waste Inc.* upon receipt
of this request. This information is required per U.S.D.O.T. regulations.

Date: _____ Signature: _____

SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYER

Company: _____

1. Has this person ever tested positive for a controlled substance in the last two years?
☐ Yes ☐ No
2. Has this person ever had an alcohol test with a Breath Alcohol concentration of .04 or
greater in the last two years?
☐ Yes ☐ No
3. Has this person ever refused a required drug or alcohol test in the last two years?
☐ Yes ☐ No

Date: _____ Signature: _____
Position: _____

CONSENT FORM

☐ Faxed ☐ Mailed

INTERVIEW METHOD

☐ Mail ☐ Telephone ☐ Personal Interview

DRUG SCREENING

City Waste, Inc., have a vital interest in maintaining a safe working environment for its employees and providing a quality service to its customers. Therefore, passing a drug screening test will be a condition of employment.

WORK REFERENCE RELEASE

I hereby authorize any former employer to release to City Waste, Inc., any information such former employer may have relating to my employment, such information to be either verbal or written form. I hereby release to City Waste, Inc., and any former employer, and any of their employees and agents from any liability or claim which may arise from the transfer or receipt of any such information.

Applicants Signature _____ Date _____

Return Application To:

City Waste Inc.
PO Box 620261
Middleton, WI 53562-0261

Fax: 608-798-1645
Email: info@citywasteinc.com